


Eur J Vasc Endovasc Surg 24, 186 (2002)

doi:10.1053/ejvs.2002.1689, available online at <http://www.idealibrary.com> on 

CORRESPONDENCE

A Decision-analytic Approach to Obtain Evidence-based Vascular Follow-up Practices

Sir,

Kirby *et al.* recently described how they will execute the well-designed vein graft surveillance trial.¹ Results of this trial may provide important evidence on the benefit of duplex surveillance. Since there was no direct evidence to support such a strategy, a few years ago (vein graft) duplex surveillance was applied after femorodistal reconstructions by 62% of vascular surgeons in the U.K.²

In order to gain insight in the current practice of follow-up after the three most common peripheral vascular interventions, we did a postal survey among all vascular surgeons in The Netherlands, to which 175 (64%) responded. Duplex scanning was the preferred diagnostic test for 82% of surgeons after carotid endarterectomy, 49% after aortoiliacal and 72% after femoropopliteal reconstructions. After carotid endarterectomy, on average 2 tests were done (range 1–12), but 28 different strategies (varying in intensity and duration) could be distinguished. Up to 35 different strategies were used for follow-up after aortoiliacal (on average 1 test; range 1–12) and femoropopliteal reconstruction (on average 3 tests; range

1–10). The variety in strategies seems most likely due to the lack of evidence-based guidelines.

We are currently performing cost-effectiveness analyses to determine optimal strategies of follow-up after carotid endarterectomy, aortoiliac, and femorodistal bypass reconstructions as a basis for evidence-based guidelines. After systematic review of the literature, Monte Carlo Markov simulations are being performed. We believe that our approach may be a cost-effective alternative to performing a large randomized controlled trial such as the vein graft surveillance trial.

References

- 1 KIRBY, PL, BRADY, AR, THOMPSON, SG, TORGERSON, D, DAVIES, AH. The Vein Graft Surveillance Trial: rationale, design and methods. VGST participants. *Eur J Vasc Endovasc Surg* 1999; **18**: 469–474.
- 2 GIBBS, RG, BEATTIE, DK, GREENHALGH, RM, DAVIES, AH. Vein graft surveillance: current trends. *Br J Surg* 1997; **84**: 63.

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No reply received